

## **ADULT CRISIS STABILIZATION**

### **Definition**

The Montana Medicaid Mental Health Clinical Management Guidelines (referred to hereafter as the *Clinical Management Guidelines*) define adult crisis stabilization services as “services that are available 24 hours per day, 7 days a week, by a licensed mental health center with an endorsement to provide crisis stabilization services. A multi-disciplinary team of licensed and appropriately credentialed professionals and professionally supervised paraprofessionals provides services throughout the 24 hour day in an environment in which there is a high degree of assurance of safety. Staff must include, but not be limited to, Board-eligible or certified psychiatrists, registered nurses, other licensed mental health professionals, and other ancillary staff.”

### **Prior Authorization Reviews**

Adult Crisis Stabilization services require prior authorization and must meet medical necessity as defined in the *Clinical Management Guidelines* specific to Adult Crisis Stabilization. (Please refer pages 6-7 of this section). The length of services initially authorized will depend solely on the recipient’s level of functioning and clinical presentation.

### **Continued Stay/Treatment Reviews**

All Adult Crisis Stabilization services that extend beyond the initial authorization date must be authorized through a Continued Stay/Treatment Review. Discussion of the Continued Stay/Treatment Review process begins on page 4 of this section.

### **Retrospective Reviews**

Adult Crisis Stabilization services are not subject to Retrospective Review by First Health Services of Montana unless otherwise requested by the Department of Public Health and Human Services.

### **Discharge Procedure**

AMDD no longer requires discharge notification form to be completed following patient discharge from services for this level of care.

**For information regarding Determination, Notification, and Appeal Procedures, please refer to the DETERMINATION, NOTIFICATION, AND APPEAL PROCEDURES section of this manual.**

## **PRIOR AUTHORIZATION REVIEW PROCEDURE**

Since adult crisis stabilization admission often occur during non-business hours are all urgent/emergent in nature, the following review procedure will be followed for authorization of crisis stabilization services.

### **Prior Authorization Review Procedure**

1. The provider must verify the recipient's Medicaid eligibility.
2. The provider is responsible for notifying First Health by fax or web within 24 hours/one (1) business day of the admission. Delay in contacting First Health beyond 24 hours/one (1) business day will result in a technical denial of authorization.
3. The provider must submit an authorization request form (See FORMS section, *Prior Authorization Request* form) that includes demographic and clinical information. This information must be sufficient for the clinical reviewer to make a determination regarding medical necessity and must include:

#### **Demographic information**

- Recipient's Medicaid ID (MID) number
- Recipient's social security number (SSN)
- Recipient's name, date of birth, sex
- Recipient's address, county of eligibility, and telephone number
- Responsible party name, address, phone number
- Provider name, provider number, and date of admission

#### **Clinical Information**

- Prior inpatient treatment
  - Prior outpatient treatment/alternative treatment
  - Initial treatment plan
  - DSM IV diagnosis on Axis I through V
  - Medication history
  - Current symptoms requiring crisis stabilization
  - Chronic behavior/symptoms
  - Appropriate medical, social, and family histories
  - Proposed aftercare treatment
4. Upon receipt of the above documentation, First Health's clinical reviewer will complete the review process as demonstrated in the *Prior Authorization Flow Chart* (Appendix A).

The authorization review will be completed within two (2) business days from receipt of the review request and clinical information providing the information submitted is sufficient for the clinical reviewer to make a determination regarding medical necessity.

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- If the reviewer determines that additional information is needed to complete the review, the provider must submit the requested information within five (5) days of the request for additional information; and
  - The authorization review will be completed within two (2) business days from receipt of additional information.
5. If medical necessity is met the First Health reviewer will authorize the adult crisis stabilization admission.
  6. If medical necessity is not met then the case is deferred to a Board-certified psychiatrist in the First Health National Clinical Review Center for review and determination.

## CONTINUED STAY/TREATMENT REVIEW PROCEDURE

### Definition

A continued stay treatment review is a review of currently delivered treatment and patient status to determine current medical necessity for a continued level of care.

Reviews of requests for continued treatment authorization are based on updated treatment plans, progress notes and recommendations of the individual's treatment team based on the patient's ongoing need for this level of services. Continued treatment requests require prior authorization and must meet the medical necessity criteria as defined in the *Clinical Management Guidelines* specific to Adult Crisis Stabilization. (Pages 6-7 of this section.) The length of continued treatment services authorized will depend solely on the recipient's level of functioning and clinical presentation.

### Continued Stay/Treatment Review Procedure

1. The facility is responsible for contacting First Health Services of Montana by fax or web 24 hours/one (1) business day prior to the termination of the initial certification.
2. The facility must submit the following information to complete a continued treatment review:
  - Continued Stay Authorization Request form (See FORMS section)
  - Changes to current DSM-IV diagnosis on Axis I through V
  - Justification for continued services at this level of care
  - Assessment of treatment progress related to admitting symptoms and identified treatment goals
  - Current list of medications or rationale for medication changes, if applicable
  - Projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of the plan
3. Upon receipt of the above documentation, First Health Services of Montana's clinical reviewer will complete the review process as demonstrated in the *Continued Stay Review Flow Chart* (Appendix B).

The continued treatment review will be completed within two (2) business days from receipt of the review request and clinical information providing the information submitted is sufficient for the clinical reviewer to make a determination regarding medical necessity.

- If the reviewer determines that additional information is needed to complete the review, the provider must submit the requested information within five (5) days of the request for additional information; **and**
- The authorization review will be completed within two (2) business days from receipt of additional information.

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4. If medical necessity is met, the First Health reviewer will authorize the continued treatment and generate notification to all appropriate parties.
5. If medical necessity is not met then the case is deferred to a Board-certified psychiatrist in the First Health National Clinical Review Center for review and determination.

## ADULT CRISIS STABILIZATION CLINICAL MANAGEMENT GUIDELINES

First Health Services of Montana will employ the use of the *Montana Medicaid Clinical Management Guidelines* strictly as guidelines. This practical application, coupled with our professional judgment based on clinical expertise and National best practices, will enhance the rendering of authorization decisions. The *Clinical Management Guidelines* for Adult Crisis Stabilization, including admission, continued stay, and discharge criteria are as follows:

### **Admission Criteria**

- 1) A covered DSM-IV diagnosis as the principle diagnosis and at least one of the following:
- 2) Dangerousness to self as a result of the DSM-IV diagnosis as evidenced by behaviors which may include, but not be limited to, any of the following:
  - a) Self-injurious behavior or threats of same with continued risk without 24 hour supervision
  - b) Current suicidal ideation with expressed intentions and/or past history of carrying out such behavior with some expressed inability or aversion to doing so, or with ability to contract for safety
  - c) Self-destructive behavior or ideation that cannot be adequately managed and/or treated at a lower level of care without risk to the patient's safety or clinical well being.
  - d) History of serious self-destructive or impulsive, parasuicidal behavior with current verbalizing of intent to engage in such behavior, with the risk, as judged by a clinician, being significantly above the patient's baseline level of functioning.
- 3) Dangerous to others as a result of a DSM-IV diagnosis, as evidenced by behaviors which may include, but are not limited to, expressed intent to harm others, current threats to harm others with expressed intentions of carrying out such behavior with some expressed inability or aversion to doing so.
- 4) Grave disability as exhibited by ideas or behaviors resulting from the DSM-IV diagnosis, as evidenced by behaviors which may include, but are not limited to, any of the following:
  - a) Mental status deterioration sufficient to render the patient unable to reasonably provide for their own safety and well being
  - b) An acute exacerbation of symptoms sufficient to render the patient unable to reasonably provide for their own safety and well being,
  - c) Deterioration in the patient's function in the community sufficient to render the patient unable to reasonably provide for their own safety and well being
  - d) An inability of the patient to cooperate with treatment combined with symptoms or behaviors sufficient to render the patient unable to reasonably provide for their own safety and well being.

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- e) A clinician's inability to adequately assess and diagnose a patient, as a result as a result of the unusually complicated nature of a patient's clinical presentation, with behaviors or symptoms sufficient to render the patient unable to reasonably provide for their own safety and well being, but not sufficient to require the intensity of inpatient treatment.

#### **Continued Treatment Criteria** (must meet 1 and 2, and 3, and either 4 or 5 or 6)

- 1) A covered DSM-IV diagnosis as the principal diagnosis
- AND**
- 2) Active treatment is occurring, which is focused on stabilizing or reversing symptoms that meet the admission criteria and that still exist.
- AND**
- 3) A lower level of care is inadequate to meet the patient's need with regard to either treatment or safety.
- TOGETHER WITH**
- 4) There is reasonable likelihood of clinically significant benefit as a result of medical intervention requiring the inpatient setting
- OR**
- 5) A high likelihood of either risk to the patient's safety or clinical well-being or of further significant acute deterioration in the patient's condition without continued care, with lower levels of care inadequate to meet these needs.
- OR**
- 6) Appearance of new impairments meeting admission guidelines.

#### **Discharge Criteria** (must meet 1 or 2)

- 1) The symptoms/behaviors that required services at this level of care have improved sufficiently to permit treatment at a lower level of care.
- OR**
- 2) The patient voluntarily withdraws from treatment and does not meet criteria for involuntary treatment.